



## Volunteer Report Form

*(Return form after event, but volunteers should sign release before volunteer activity)*

**GROUP NAME:** \_\_\_\_\_

**CONTACT NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**TELEPHONE (8-5):** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**Volunteer Activity** (example: Area cleaned - Gilmer Road from Fairmont to Hwy 80)

\_\_\_\_\_

**Date(s) of Activity:** \_\_\_\_\_

**Number of Participants:** \_\_\_\_\_

**Number of Total Volunteer Hours:** \_\_\_\_\_

**Number of Garbage Bags Filled:** *(If applicable)* \_\_\_\_\_

**Suggestions for making event better:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**RETURN TO:**

City of Longview Volunteer Center  
P.O. Box 1952  
Longview, Texas 75606

Fax: 903-291-5317    Phone: 903-237-1390

<b>SHOULD BE SIGNED BEFORE VOLUNTEER ACTIVITY</b>
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**RELEASE STATEMENT:** I understand that the activities for which I or my child is volunteering may have an element of hazard or inherent danger, and I take full responsibility for any injury, illness or other damage that may occur to myself or to my child due to participation in any of these activities. On behalf of myself and my child, I agree to release the City of Longview, Keep Longview Beautiful, Partners in Prevention, and all of their officers, representatives, successors, employees, and volunteers from any liability, damage, loss, cost, or expense (including, without limitation, attorney's fees, medical, and ambulance costs) that may arise out of participation in these volunteer activities by myself or by my child.

I am signing this release statement in consideration of the opportunity to participate in these volunteer activities and in consideration of the services of the City of Longview in matching myself or my child with these volunteer activities. I understand and acknowledge that participation by me and by my child in these volunteer activities is completely voluntary and is solely at my option.

**PERMISSION FOR EMERGENCY MEDICAL TREATMENT:** In case of emergency, I give my permission for emergency medical treatment for myself and for my child. My permission for emergency medical treatment is valid until I cancel it in writing.

Participant

Phone Number

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
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18. \_\_\_\_\_
19. \_\_\_\_\_
20. \_\_\_\_\_